

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/980748 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	1		1			
4	1		1			
5	1		1			
6	1		1			
7	1		1			
8	1		1			
9	8		1			
10	8		1			
11	8		1			
12	8		1			
13	8		1			
14	8		1			
15	8		1			
16	1		1			
17	1		1			
18	1		1			
19	1		1			
20	1		1			
21	1		1			
22	1		1			
23	7		1			
24	16		1			
25	16		1			
26	16		1			
27	16		1			
28	16		1			
29	16		1			
30	1		1			
31	1		1			
32	1		1			
33	1		1			
34	1		1			
35	1		1			
36	6		1			
37	6		1			
38	6		1			
39	6		1			
40	6		1			
41	6		1			
42	6		1			
43	6		1			
44	6		1			
45	1		1			
46	1		1			
47	1		1			
48	1		1			
49	1		1			
50	1		1			
TOTAL IND.						
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

	*	*	*	*
	IND.	DEP.	IND.	DEP.
51		1		1
52		1		1
53	1		1	
54	9		1	
55	9		1	
56	9		1	
57	9		1	
58	9		1	
59	1		1	
60	1		1	
61	1		1	
62	1		1	
63	1		1	
64	1		1	
65	1		1	
66	1		1	
67	8		1	
68	8		1	
69	8		1	
70	8		1	
71	8		1	
72	1		1	
73	1		1	
74	1		1	
75	1		1	
76	1		1	
77	1		1	
78	1		1	
79	7		1	
80	7		1	
81	7		1	
82	7		1	
83	7		1	
84	7		1	
85	7		1	
86				
87				
88				
89				
90				
91				
92				
93				
94				
95				
96				
97				
98				
99				
100				
TOTAL IND.				
TOTAL DEP.		↓		↓
TOTAL CLAIMS				

85